

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

904-63-003356  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED JAN 31 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b <u>9 Mos.</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Parkside Mannor Nurs.</u>		d. STREET ADDRESS (If outside, give location) <u>4391 West Pine</u>	
3. NAME OF DECEASED (Type or print) First <u>Nathan</u> Middle <u>Cooper</u> Last		4. DATE OF DEATH Month <u>Jan.</u> Day <u>28</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-15-76</u>
9. AGE (last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tailor</u>	
11. BIRTHPLACE (City and state or country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Unk</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Cooper</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>  </u>		17. INFORMANT <u>Mrs. Sophie Howard 8322 Delcrest</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Generalized AS</u> DUE TO (c) <u>4/20/60</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 12-24 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		21. I attended the deceased from <u>1958</u> to <u>1/28/63</u> and last saw him alive on <u>1/28/63</u> Death occurred at <u>9:00</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Adney Eldenberg MD</u>		22b. ADDRESS <u>4409 West Pine, St. Louis Mo</u>	
22c. DATE SIGNED <u>1/28/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>-30-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		24. FUNERAL DIRECTOR <u>Herbert Rindskopf Inc 5216 Delmar</u>	
25. DATE RECD. BY LOCAL REG. <u>JAN 28 1963</u>		26. REGISTRAR'S SIGNATURE <u>Loal Smith. M.D.</u>	

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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86

STATE OF TEXAS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Peter B. DuRouille

Licensed Embalmer No. 3691

P. O. Address 5 Hawthorne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.